

**SHB 2016 - H AMD 435**

By Representative Jenkins

ADOPTED 04/16/2013

1 On page 4, line 31, after "~~((+11))~~(15)" insert the following:  
2 "Outpatient" means services provided classified as ambulatory  
3 payment classification services or successor payment methodologies as  
4 defined in WAC 182-550-7050 or successor rule and applies to fee-for-  
5 service payments and managed care encounter data.

6 (16)"

7  
8 Renumber the remaining subsections consecutively and correct any  
9 internal references accordingly.

10  
11 On page 13, beginning on line 31, after "about" strike "the first  
12 day of" and insert "thirty days prior to the end of"

13  
14 On page 14, line 20, after "2010" strike ", or equivalent data  
15 collected by the authority"

16  
17 On page 27, beginning on line 2, after "section" strike "and  
18 hospitals identified in RCW 74.60.090(1)(c) and 74.60.100"

19  
20 On page 27, at the beginning of line 35, strike "first" and insert  
21 "last"

22  
23 On page 30, line 22, after "(b)" strike "Within thirty days after  
24 receipt" and insert "Before the end of the quarter in which funds are  
25 paid to them"

26

EFFECT: Adds a definition of "outpatient."

Requires the Health Care Authority (HCA) to send assessment notices on or about 30 days prior to the end of each quarter instead of the first day of each quarter.

Removes the requirement that the Health Care Authority (HCA) must use equivalent data to calculate inpatient days for hospital assessments if cost report data from fiscal year 2010 is not available.

Removes references to certified public expenditure and critical access hospitals in the determination of fee-for-service inpatient supplemental payments.

Requires the HCA to make supplemental payments on or about the last day of the quarter instead of the first day.

Requires managed care organizations to expend increased capitation payments before the end of the quarter in which funds are paid to them instead of within thirty days of receipt.

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